



CITY OF MESQUITE
CHANGE OF ADDRESS OR INFORMATION

To Be Completed By All:

I, _____, am the duly authorized agent or representative of the _____ business. I hereby affirm and swear that there have been no changes of NAME, OWNERSHIP, LOCATION, OR TELEPHONE NUMBER, other than those noted below, on this business as of time of renewal of this license. Failure to disclose information may be grounds for revocation of license.

Signature

Date

COMPANY NAME CHANGE: (New Name)

OWNER NAME CHANGE: (New Owner)

(Please Print)

(Please Print)

COMPANY PHYSICAL ADDRESS:

Street City State Zip

MAILING ADDRESS:

Street or Post Office Box City State Zip

PHONE:

(Area Code) (Number)

PLEASE ENCLOSE A COPY OF ALL CURRENT LICENSES AND REMIT WITH RENEWAL

Questions: Contact Maria Trujillo, Business License Clerk (702)346-5295